

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
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43		1				
44		1				
45		1				
46		1				
47		3				
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	74					
TOTAL CLAIMS	77					

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TOTAL CLAIMS						